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STATEMENT OF

| FORM 1 | ORGANIZATION | | | | Office Use Only | | | |
|--|----------------------|--------------------------|----------------|---|----------------------|-------------|---------------|-------------------------------|
| NAME OF COMMITTEE (in | full) | (Check if na is changed) | | cample:If typing, er the lines. | type | 12FE | 4M5 | |
| Republicar | Oper | ation to Se | cure ar | nd Keep | a Ma | jority | (ROS | KAM PAC) |
| | | | | | | | | |
| ADDRESS (number ar | nd street) | P. O. Box 1011 | | | | | | |
| (Check if address is changed) | | Wheaton | | | | IL | 60187 | |
| | | CITY | | | | STATE | | ZIP CODE |
| COMMITTEE'S E-MA (Check if is changed | address | S (Please provide onl | - | address) | | | | |
| COMMITTEE'S WEB | PAGE ADD | RESS (URL) | | | | | | |
| (Check if a is changed | | | | | | | | |
| 2. DATE 03 | M / D = 1 | 2011 | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER | C C00451 | 294 | | | | |
| 4. IS THIS STATEM | MENT | NEW (N) | OR | × AMENDE | ED (A) | | | |
| I certify that I have e | | S Statement and to t | the best of my | v knowledge and | d belief it i | is true, co | orrect and co | omplete. |
| Signature of Treasure | <i>Nancy H</i> er | . Watkins | | [Electronically | Filed] | Date | M M / I | 21 / 2011 |
| NOTE: Submission of f | | ous, or incomplete info | • | | 0 0 | | • | nalties of 2 U.S.C. §437 |
| Office Use Only | | | | For further info Federal Election Toll Free 800-42 Local 202-694-1 | Commission 4-9530 | | | EC FORM 1 Revised 02/2009) |